



EASY ONLINE NETWORK (EON)

Questions? Call 1-800-731-7150

Online Account Access Authorization
Website: <http://www.magicfund.org>

Instructions: Use this application when you want to add/reactivate/remove/update a user of the Easy Online Network. Complete one form for each user. After completion, fax this form to the MAGIC Client Services Group at 1-888-535-0120.

ACTION TYPE: (Please check the box that applies to this user.)

- New EON user
- Reactivate expired login for current EON user
- Update a current EON user
- Remove EON user as indicated below (Specify in the **Account Access** section below which accounts this user will be removed from.)

INVESTOR INFORMATION: (Please fill this section out completely.)

Investor Name: _____ (Name that appears on Fund records) TIN # _____ (Taxpayer Identification Number)

EON USER INFORMATION: (Please fill this section out completely.)

First Name: _____ Last Name: _____ Title: _____
Mr. Ms. Mrs.

Email: _____ Phone: _____ Mother's Maiden Name: _____
(Used for Password Reset)

Preferred or Current Username: _____ (Client Services will contact you if the preferred username is unavailable.)

ACCOUNT ACCESS: (Please list the account number(s) or account title(s) that the user listed above will have access to.)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

TYPE OF ACCESS: (Select the appropriate level of access for this user.)

- FULL ACCESS** - User may initiate and reverse transactions, and view all current and historical statements and activity.
- VIEW ONLY ACCESS** - User may view all current and historical statements and activity. User cannot initiate transactions online.

CERTIFICATION: (Please have an individual who is currently authorized in Fund records, read, and then sign and date this section.)

By signing below:

- 1) I authorize access to the accounts as specified above and indemnify PFM Asset Management LLC and the Fund for any liability for unauthorized use; and
- 2) I understand online access will remain in effect until the Fund receives written notification of change.

_____ Authorized Signature	_____ Date	_____ Phone #
_____ Print or Type Name of Authorized Signatory	_____ Title/Position	_____ Email Address

Any document received by email will not be accepted. Please send by fax or mail.

FAX TO: MAGIC Client Services Group
1-888-535-0120

MAIL TO: MAGIC Client Services Group
P.O. Box 11760
Harrisburg, PA 17108-1760

FUND USE ONLY		
V2014.02	DATE	INITIALS
Processed		
Confirmed		